Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.ustreas.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form **7004**

(Rev. October 2000)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File Corporation Income Tax Return

► See instructions on back of form.

OMB No. 1545-0233

Name	of corporation	Employer ident	ification number	
Numb	er, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)			
City	r town state and 7ID eads			
City o	r town, state, and ZIP code			
Che	ck type of return to be filed:			
	☐ Form 990-C ☐ Form 1120-FSC ☐ Form 1120-PC	□ F	orm 1120S	
	☐ Form 1120 ☐ Form 1120-POL ☐ Form 1120-POL	☐ F	orm 1120-SF	
	☐ Form 1120-A ☐ Form 1120-L ☐ Form 1120-REIT			
	☐ Form 1120-F ☐ Form 1120-ND ☐ Form 1120-RIC			
	Form 1120-F filers: Check here if the foreign corporation does not maintain an office or United States	•	ness in the ▶ □	
1	Request for Extension and Reason for Short Tax Year (see instructions)			
а	Extension date. I request an automatic 6-month (or, for certain corporations, 3-month) extension	n of time		
	until, to file the income tax return of the corporation named above for ▶ □ calendar			
	year or ▶ ☐ tax year beginning, and ending		,	
b	Short tax year. If this tax year is for less than 12 months, check reason:			
	☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Cor Affiliated group members (see instructions). If this application also covers subsidiaries to be	nsolidated retu		
2	return, provide the following information:	included in a	Consolidated	
	Name and address of each member of the affiliated group Employer identific	cation number	Tax period	
2	Tentative tay (see instructions)	3		
3 4	Tentative tax (see instructions)			
4 a	Overpayment credited from prior year. 4a			
b	Estimated tax payments for the tax			
	year			
С	Less refund for the tax year applied			
	for on Form 4466 4c () Bal ▶ 4d			
е	Credit for tax paid on undistributed capital gains (Form 2439) 4e			
f	Credit for Federal tax on fuels (Form 4136)			
5	Total. Add lines 4d through 4f (see instructions)	5		
6	Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal			
<u></u>	Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)	6		
Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.				
	(Signature of officer or agent) (Title)		(Date)	